

HIV Integrated Planning Council

Thursday, August 8, 2019

2:00 p.m. – 4:30 pm.

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Juan Baez, Michael Cappuccilli, Keith Carter, Mark Coleman, Evette Colon-Street, Lupe Diaz, Alan Edelstein, David Gana, Pamela Gorman, Gus Grannan, La'Seana Jones, Gerry Keys, Dena Lewis-Salley, Nicole Miller, Jeanette Murdock, Nhakia Outland, Joseph Roderick, Eran Sargent, Terry Smith-Flores, Clint Steib, Gloria Taylor, Coleman Terrell (AACO), Gail Thomas, Jacquelyn Whitfield, Steven Zick.

Excused: Katelyn Baron, Sharee Heaven, Janice Horan, Peter Houle, Loretta Matus, Erica Rand, Samuel Romero.

Absent: Janielle Bryan, Richard LaBoy, Brian Langley, George Matthews, Melvin White.

Guests: Sharita Flaherty, Marie Jackson, Ronald Lassiter, Ameenah McCann-Woods (AACO), Marilyn Martinez, Sarah Nash.

Staff: Mari Ross-Russell, Nicole Johns, Briana Morgan

Call to Order

L. Diaz called the meeting to order at 2:08p.m.

Welcome and Introductions

L. Diaz welcomed everyone to the meeting and everyone present introduced themselves.

Approval of Agenda

L. Diaz asked for an approval of the agenda. Motion: M. Cappuccilli moved, J. Murdock seconded to approve the meeting agenda as presented. Motion passed by general consensus.

Approval of Minutes

L. Diaz asked for an approval of the meeting minutes for July 11, 2019. G. Gannon noted a typo in the "Medical Nutritional Therapy". The correction was noted. Motion: J. Whitfield moved, D. Gana seconded to approve the amended minutes. Motion passed by general consensus.

Report of Co-Chairs

L. Diaz announced that the PA Special Pharmaceutical Benefit Program (SPBP) had sent out an email to announce that contraceptives will be paid for by the program. She directed the group to see the updated SPBP formulary to see what contraceptives were covered.

L. Diaz also announced that Nominations Committee wanted people to know that HIPC members can apply for a leave of absence for up to 6 months for work, family or health concerns. M. Cappuccilli asked for clarity for how to request a leave of absence. L. Diaz noted that it can be in writing via email or in person to an OHP staff member.

Report of Staff

M. Ross-Russell announced the PA Office of Health Equity will present at the HIPC's September meeting.

Public Comment

No public comment.

Action Items:

Approval of Allocations Budgets

A. Edelstein directed everyone to the spreadsheets in the handouts. He explained that he would be reviewing the decisions from the three regional allocations meetings. Each region came up with three budgets – level, 5% decrease, 5% increase in funding. Each region had the opportunity to develop directives to the Recipient. He noted that these budgets need to be approved by the Council. He explained that Finance Committee met the previous week to review the allocations plans and the directives to the Recipient and the committee recommended approval as presented.

New Jersey Counties

A. Edelstein started with level funding budget in blue print. The NJ region voted to leave funding consistent with current FY2019 levels, with no changes in percentage allocated to each service category in FY 2020. For the 5% increase budget, he explained all the new funding would go into Medical Transportation and all other categories would remain at level funding amounts. For the 5% decrease budget, he explained the money allocated to Medical Transportation would stay level and all other categories were decreased proportionately. A. Edelstein noted that \$111,279 would go to Medical Transportation in the increase scenario. A. Edelstein asked for questions or comments. There were none.

A. Edelstein called for vote on the motion. **Motion: Finance Committee recommended that the three budgets for the 4 New Jersey Counties to be approved as presented. Motion passed: 19 in favor, 0 opposed, and 3 abstentions.**

A. Edelstein explained the directive is about Legal and Other Professional Services. He read the directive to the group:

“Determine which services are currently provided as “other professional services” with special attention given to assessing need and availability of the full range of allowable services within the HRSA service category.”

He explained the Recipient (AIDS Activities Coordinating Office – AACO) will research how those services are provided and will report back. No discussion on the motion.

Motion: Finance Committee recommended the directive to the Recipient be approved as presented. Motion passed: 19 in favor, 0 opposed, 4 abstentions.

Philadelphia

A. Edelstein explained that the Recipient started a new method for providing services under Emergency Financial Assistance (EFA)- Pharma – changing from 30-day Rx to 14-day Rx during the current funding year. He further explained by doing this the EMA was meeting the need but also decreasing spending in

this service category, in other words more money was allocated to that service category than was needed so those funds can be re-allocated to another category. He pointed everyone to the level funding category, where \$228,500 was moved from EFA- Pharma (in addition to the reallocation in March 2019) to Mental Health, Housing Assistance, DEFA – each with one-third of that total. He continued; the other services will be prorated at current percentages of the total FY2019 level funding. A. Edelstein reminded the group that there were shifts in funding between regions because of changes in the number of people living with HIV between the regions in the EMA. The service category dollars are allocated to each of the three regions by the region’s percentage of the EMA’s total of people living with HIV/AIDS. These percentages shift slightly from year to year.

A. Edelstein directed the group to the 5% increase budget and noted the funding is proportional increases across all funded service categories – after moving the money from EFA- Pharma and increasing the other three categories as in the level funding budget.

A. Edelstein directed the group to the 5% decrease budget and explained that the plan was to take the decrease from EFA-Pharma to offset some of the decrease, the remaining service categories would be reduced proportionately. D. Lewis-Salley asked about the decrease in EFA- Pharma. M. Ross-Russell noted that drafted budget for the 5% decrease was done without the reallocations the HIPC approved earlier in the year (which is why the EFA-Pharma category had more money than in the other draft budgets presented. A. Edelstein asked why this was done without using the level funding budget as the starting point, because the group that made the decisions was not intending to increase funding in EFA-Pharma. A. Edelstein explained the decrease budget was done on the current year’s level funding budget; this does not reflect the reallocation from EFA-Pharma that happened in the beginning of FY 2019. M. Ross-Russell explained the first column reflects FY2019 level funding.

A. Edelstein stated that unless there is opposition, he suggested the 5% decrease budget be amended to be the level funding budget after the reallocations from EFA-Pharma approved at the beginning of FY 2019.

B. Morgan explained that the friendly amendment needs to be made and approved.

Motion: D. Lewis-Salley moved to amend the motion to make the 5% decrease budget based on the FY 2019 level-funding budget and take \$228,500 from EFA-Pharma to offset the \$624,693 decrease, then reduce the remaining funded categories proportionally. A. Edelstein and D. Gana accepted the amendment. Motion passed: All in favor 19, 0 opposed, 4 abstentions.

Directive to the Recipient

A. Edelstein presented the directives developed in the Philadelphia regional allocations meeting.

The Recipient as part of the Client Service Unit intake process should inform clients of the possibility of a “wellness check” should they fall out of care. The wellness check defined here is the follow-up PDPH does when they are notified by a service provider that a client has fallen out of care.

He asked for questions on the directive and there were none.

A. Edelstein read the second directive:

The Recipient shall assess whether tobacco use prevents patients from receiving Ryan White services, specifically substance use treatment services.

Motion: A. Edelstein called for a vote about wellness check. **Motion passed:** 19 in favor, 0 opposed, 4 abstentions

A. Edelstein asked for a vote about the tobacco use directive. The group discussed the motion to make sure everyone understand. G. Thomas explained that she thought it was wrong to make people stop using tobacco during their recovery. The group agreed with her. L. Diaz explained the point of the directive is find out if that is being done so the HIPC and AACO can make sure it stops. A. Edelstein explained that the EMA only pays for outpatient substance abuse treatment. G. Gannon noted that even in outpatient treatment a client can be in the program for up to 12 hours, so having tobacco use prohibited in the program can cause barriers and harm to clients.

Motion: A. Edelstein called for a vote on the tobacco use directive. **Motion passed:** 19 in favor, 0 opposed, 3 abstentions.

A. Edelstein explained that a directive to the Recipient happened in the previous year, to investigate alternative methods of transportation (ride sharing and otherwise). The HIPC requested an update on that directive from 2018. No vote required for that request.

PA Counties

A. Edelstein noted that the PA counties also had the change in the time period for the Rx for EFA-Pharma as well. In the level funding budget, \$108,000 (half of level funding for EFA-Pharma) should be decreased and reallocated as follows: 50% Ambulatory Care, 25% Mental Health, 25% Substance Abuse and the other services would be funded at current percentages.

A. Edelstein explained the 5% increase budget started from the previous level funding budget with proportional increase to all funded services, after the reallocation of EFA-Pharma funds to the three other services.

A. Edelstein explained the 5% decrease budget, \$108,000 to be decreased from EFA-Pharma and all other services would be reduced proportionately according to level-funding budget percentages.

M. Coleman asked about access to pharmaceuticals outside of Philadelphia. A. Edelstein explained that this program is only for emergency medications and there are other programs to help people with access to medications outside of this one program. M. Ross-Russell explained that the PA Special Pharmaceutical Benefits Program (SPBP) covers pharmaceuticals and the formulary was robust. She explained that anyone eligible is able to receive them regardless of where they live in the EMA. C. Terrell noted that he wasn't aware of any information that people in suburban counties were not able to access medications. S. Rafferty explained the same program is accessed throughout the EMA by eligible PLWH. A. Edelstein explained that this program is for emergency or to bridge the time between health insurance coverage.

Motion: A. Edelstein called for a vote on the motion to approve all three budgets for the PA Counties as presented. **Motion passed:** 19 in favor, 0 opposed, 4 abstentions.

EMA Wide allocations

A. Edelstein pointed the group to the EMA-wide allocations and explained that those budgets needed to be approved separately because it includes Minority AIDS Initiative (MAI) funds – on the four columns to the right on the EMA-wide spreadsheets. C. Terrell explained that MAI is a special allocation of Ryan White funds for jurisdictions with an epidemic that disproportionately affects minority populations, the EMA focuses on disparities of people who inject drugs because of lower viral suppression and retention rates and minority youth – under ambulatory medical care and medical case management.

A. Edelstein asked for a vote for the EMA allocations which combines all the previously approved regional plans and includes MAI allocations. C. Terrell noted that the Planning Council Support budget is included in Systemwide Allocations – it is taken out of the Grantee Administration cap.

Motion: A. Edelstein called for a vote on the EMA-wide allocations as presented. Motion passed: 19 in favor, 0 opposed, 4 abstention.

A. Edelstein recognized the OHP staff for their support of the HIPC throughout the allocations process. He noted that all the changes in the allocations process have been made to help people make better and more informed decisions. It is indicative of how OHP staff approach their work. He also recognized A. McCann-Woods for providing helpful information and being available for each regional meeting. L. Diaz thanked everyone for their hard work and participation in the allocations process.

Discussion Items:

HIPC Code of Conduct

M. Ross-Russell announced that the Executive Committee will be looking at the HIPC code of conduct at its next meeting. OHP staff reviewed the code of conduct in the bylaws and explained that it was really about handling a disruption during a meeting. OHP staff noted that there have been instances of conflicts in recent meetings where the code of conduct as written would not apply. There needs to be a formal code of conduct and how members treat one another. This will be codifying respectful engagement for the HIPC. This may be an individual policy or additions into the bylaws, that will be determined by the Executive Committee. L. Diaz asked if the council will deliberate about them. M. Ross-Russell explained the original code of conduct was written for a specific individual several years ago. It needs to be amended to include behavior of HIPC members. She asked the group if they had anything to offer for the Executive Committee's conversations. There was no discussion.

HIPC meeting times and community participation

M. Ross-Russell explained that changing the meeting times of the HIPC and Committees has come up at previous Executive Committee meetings and they wanted to have more information before making changes. OHP staff collected 60 surveys about community members availability for meetings between the Prevention Summit and Positive Committee – 42% of the participants said they were available on weekday evenings, 25% on weekday afternoon meetings. She explained that the Executive Committee previously discussed holding a quarterly HIPC evening. She noted that the CDC and HRSA project officers were asking about participation of younger adults in the planning process. She noted that some PLWH and other community members work or have other obligations in the afternoons and may not be able to make the HIPC's 2:00pm meetings. She noted that this conversation will also be considered by the Nominations Committee to adjust attendance requirements. She asked the group for questions or comments.

K. Carter noted that Positive Committee has had one evening meeting and will have another on Sept 10th. The June evening meeting had new people attend. J. Baez asked if there is a number goal to “more people”. M. Ross-Russell noted that there is not a numerical goal. She noted that the meetings are open to the public but membership representation was something to consider. HRSA noted that men and YMSM are noted disparities in HIPC membership. She explained that the goal would be to increase membership. J. Baez said he supported evening quarterly meeting to increase participation of the most impacted communities. M. Coleman asked what was meant by “community”. M. Ross-Russell explained that representation definitions are given to us by the federal agencies. We have an aging epidemic, but the new cases are among younger adults, specifically YMSM of color. She said that the HIPC was recruiting community that represents our epidemic. She elaborated that the HIPC needed representation on the planning council as members, but also needed to be reflective of the community.

A guest asked how HIPC is reaching out to Latino MSM. M. Ross-Russell said that HIPC generally works through providers/HIPC members who are in those communities. E. Colon-Street asked if committee meetings had to be held at the Office of HIV Planning. M. Ross-Russell explained that meetings have been held in other locations in the past. She explained that if it is trying to get community voices then it will be a listening session, town hall or something similar, not necessarily a committee meeting. She elaborated that if the meeting was about council business then they are usually held at the office. C. Terrell observed that the HIPC was assuming hours of the meetings are the barrier, but the HIPC should work on other ways and identifying barriers to participation. He noted that a time change was an experiment to see if that was a significant barrier to more community participation.

K. Carter asked if HIPC could explore remote participation. M. Ross-Russell noted that for committee meetings that works, but for HIPC meetings it would be logistically challenging. N. Outland asked if the community has been asked why people don’t participate. She noted that the location might be a barrier. M. Ross-Russell noted that OHP and HIPC do outreach at various conferences, events, support groups, etc. J. Baez offered that the Nominations Committee discussed barriers to participation and retention of members. He explained that members were asked to recruit community members through their own networks and members have to do the work as well to get the word out about HIPC and the activities.

N. Johns noted that requests can be made to her or K. Carter to present about Positive Committee and other ways to participate to any community group or support group in the EMA. K. Carter noted that the cost of transportation is a big barrier to participation and HIPC has to work on ways to get people here when the cost of transportation is the barrier. J. Baez noted that Nominations Committee would love to hear ideas for other ways to recruit or combat barriers and invited members to the discussion at the next committee meeting.

Committee Reports

Executive Committee

L. Diaz is meeting right before Comprehensive Planning Committee the following Thursday.

Finance Committee

No report.

Nominations Committee

M. Cappuccilli reported that last month members who were in violation of attendance were noted and notified of their violation and offered a chance to appeal to Nominations Committee. Some members

appeals were reviewed at the committee's meeting. He explained that at September's meeting the committee would review applications for new members.

Positive Committee

K. Carter announced the next meeting was Monday, August 12th from 12 to 2pm and the September 10th from 6pm to 8pm. The September meeting will cover U=U and Mental health. He asked for anyone interested in attending to RSVP to ensure enough food and transportation reimbursements are ordered.

Comprehensive Planning Committee

No report.

Prevention Committee

C. Steib said that the committee got a report on new diagnosis among PWID, DEXIS, and discussed strategies on engaging youth. The committee's next meeting was August 28th 2:30-4:30.

Old Business

None

New Business

None

Announcements

C. Terrell announced that the PA Department of Health representative Christine Quimby had resigned from her position. He noted that she was big help to the council over the years. He noted that there is still open a position for a program analyst on city jobs' website. It requires HIV experience and Philadelphia residency.

He noted that the Partnership Clinic is not closed, even though Hahnemann is closed.

Adjournment

Motion: D. Lewis-Salley moved, C. Steib seconded to adjourn at 3:42pm. Motion passed by general consensus

Respectfully submitted,

Nicole Johns, OHP staff

Handouts distributed at the meeting:

- Meeting agenda
- Meeting minutes for July 11, 2019
- FY2020 proposed regional and EMA-wide allocations spreadsheets
- OHP meeting calendar